Address to:

MAIL STOP: Patent Application **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

## UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b)(1) is a divisional of prior Application No. 09/909,098, filed July 19, 2001.

Applicant (or identifier): NARAYANAN HARIHARAN

EV 306635889 US

Express Mail Label Number

Title: REGULATORS OF PPARDELTA (BETA) AND THEIR USE IN THE

TREATMENT OF OBESITY AND INSULÍN RESISTANCE

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reserved.

1. 2.	$\boxtimes$	Specification (Including Claims and Abstract) - 30 pages Drawings - 6 sheets
3.	Ħ	Declaration and Power of Attorney
		a. Newly executed (original or copy)
		b.
		i. Deletion of Inventors
		Signed statement attached deleting inventor(s) named in the prior application
4.	$\boxtimes$	Incorporation By Reference
		The entire disclosure of the prior application, from which a copy of the Declaration and Power of Attorney is supplied under Box 3b, is considered as being part of the
		disclosure of the accompanying application and is hereby incorporated by reference
_	_	therein.
5.	Ш	Microfiche Computer Program (appendix)
6.		Nucleotide and/or Amino Acid Sequence Submission
		Computer Readable Copy
		Paper Copy
	_	Statement Verifying Identity of Above Copies
7.	$\bowtie$	Preliminary Amendment
8.		Assignment Papers (Cover Sheet & Document(s))
9.	Ш	English Translation of
10.	Ш	Information Disclosure Statement
11.	$\sqcup$	Certified Copy of Priority Document(s)
12. 13.		Return Receipt Postcard Other:
$\boxtimes$	The	e right to elect an invention or species that is different from that elected in parent

Application No. 09/909,098 in the event of a restriction or election of species requirement that is identical or substantially similar to that made in said parent application is hereby

## Filing fee calculation:

Before calculating the filing fee, please enter the enclosed Preliminary Amendment.

Before calculating the filing fee, please cancel claims 1-8 and 16-17.

Basic Filing Fee								\$ 770	
Multiple Dependent Claim Fee (\$ 290)							\$ 		
Foreign Language Surcharge (\$ 130)							\$		
	For	Number Filed		Number Extra		Rate			
Extra Claims	Total Claims	10	-20	0	×	\$	18	=	\$
	Independent Claims	7	-3	4	×	\$	86	=	\$ 344
TOTAL FILING FEE								\$ 1,114	

Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$1,114. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Please address all correspondence to the address associated with Customer No. 23914, which is currently:

Stephen B. Davis Bristol-Myers Squibb Company Patent Department P.O. Box 4000 Princeton, NJ 08543-4000

Please direct all telephone calls to the undersigned at the number given below and all telefaxes to 609-252-4526.

Respectfully submitted,

Date: November 20, 2003

Briana C. Buchholz
Attorney for Applicant
Reg. No. 39,123
Tel. No. 609-252-4316